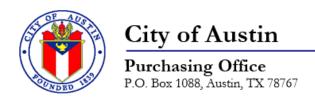


ADDENDUM PURCHASING OFFICE CITY OF AUSTIN, TEXAS

Solici	tation:	RFP 5500 SMW3005	Addendum No: # 5	Date of Addendum: 11/5/2020
This a	ddendu	m is to incorporate the	following changes to the abov	ve referenced solicitation:
I.	Site-V	isit:		
	visits v slot. M Please the for	will be arranged by app Masks are required to be e email the authorized or mattached as soon as	ointment only and limited to new worn by everyone at all time contact (shawn.willett@austin possible and no later than No	23, 2020. Due to the current Pandemic, site o more than 5 non-City attendees for each time es, and social distancing must be observed. texas.gov) with your requested time slots using ovember 13, 2020. Reservations will be made will be confirmed as quickly as possible.
II.	ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.			
ACKN	IOWLEI	DGED BY:		
Name			Authorized Signature	 Date

<u>RETURN ONE COPY OF THIS ADDENDUM</u> TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH YOUR RESPONSE OR PRIOR TO THE SOLICIATION CLOSING DATE. FAILURE TO DO SO MAY CONSTITUTE GROUNDS FOR REJECTION.



SITE VISIT REQUEST RFP 5500 SMW3005 Redevelopment of the approximately 19-acre St. John Site

Site Visit Date: November 23, 2020

Please select below all time slots you are willing to attend, marking them in numerical order starting with the number "1", based on your top preference and then the number "2" for your next preference, etc. Time slots will be given based on the order in which they are received. No requests will be accepted after November 13, 2020. Confirmation of the time reserved will be sent to the email listed on the form as soon as possible. We request that you only bring staff who are necessary to view the site as we have limited slots available. All questions from Proposers posed during the site visit will be recorded and answered in writing afterward via an addendum to this solicitation.

Email this completed form to the Authorized Contact at: Shawn.Willett@austintexas.gov

(Enter number in the blank below based on your preferred time slots from 1 through as many as you would like to be considered for)

<u>Ranking</u>		
	9:00-10:00	
	10:00-11:00	
	11:00-12:00	
	1:00-2:00	
	2:00-3:00	
	3:00-4:00	
	4:00-5:00	
Company N	ame	
Requestor N	Name	
Email Addre	ess	

Phone Number					
Number of attendees reques	sted (No more than 5)				
Names of attendees:					
	·				